

---

# Program Memorandum Intermediaries/Carriers

---

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

---

Transmittal AB-01-141

Date: OCTOBER 2, 2001

---

## CHANGE REQUEST 1860

### SUBJECT: Update of Codes and Payments for Ambulatory Surgical Centers (ASCs)

This Program Memorandum (PM) provides for payment of a facility fee for certain surgical procedures when they are performed in Medicare certified ASCs.

The following deletions from and additions to the ASC list are the result of changes in the American Medical Association Physician's Current Procedural Terminology (CPT) for 2002.

#### Effective for services performed on or after January 1, 2002:

Deleted Codes	Added Codes	Payment Group
26585	25024	3
26597	25025	3
29815	25275	4
54510	25671	1
	29805	3
	29806	3
	29807	3
	29824	5
	29900	3
	29901	3
	29902	3
	36819	3
	36820	3
	46020	3
	52001	2
	53431	2
	53444	2
	53445	1
	53446	1
	54162	2
	54163	2
	54164	2
	54512	2

These codes and payment groups are reflected in the 2002 Health Care Procedure Coding System (HCPCS) file.

**NOTE:** CWF will add type of service F to these codes.

**NOTE:** Intermediaries that only service providers subject to the hospital Outpatient Prospective Payment System (OPPS) are not affected by this Program Memorandum.

**The *effective date* for this PM is January 1, 2002.**

**The *implementation date* for this PM is January 1, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after December 31, 2001.**

**If you have any questions, contact your regional office ASC coordinator.**